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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. GNVPN.019B1USA

First Inventor James M. Wilson et al  
Method for Recombinant Adeno-Associated  
Virus-Directed Gene Therapy

Express Mail Label No. EK992703413US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing).
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 57] 1  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 16] 1
5. Oath or Declaration [Total Pages 73] 1
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 17 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☒ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement of Attorney (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☒ Other: 2nd Preliminary Amendment to pg. Letter

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09, 242,977  
Prior application information Examiner J. Martin Group 1 Art Unit 1632

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Print Customer Number or Bar Code Label Here)

00270

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Howson and Howson  
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Country USA Telephone 215-540-9200 Fax 215-540-5818

Name (Print/Type) Cathy A. Kodroff Registration No. (Attorney/Agent) 33,980  
Signature [Signature] Date 1-10-01

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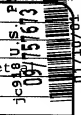
# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 710.00

## Complete if Known

Application Number  
Filing Date Herewith  
First Named Inventor James M. Wilson et al  
Examiner Name J. Martin  
Group Art Unit 1632  
Attorney Docket No. GNPVN.019B1USA



METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																									
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b> Deposit Account Number <u>08-3040</u> Deposit Account Name <u>Howson and Howson</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. 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\*for number previously paid, if greater, For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 710.00

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cathy A. Kodroff	Registration No. (Attorney/Agent)	33,980
Signature	<i>Cathy A. Kodroff</i>	Telephone	215-540-9200
		Date	1-10-01

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